



State of South Carolina

Request For Proposal

Amendment No. 1

Solicitation Number: RFP-5400002396-MAR
Date Issued: April 29, 2011
Procurement Officer: Michelle Robison, CPPB
Phone: 803-898-3469
E-Mail Address: robinsma@dhec.sc.gov

MR

DESCRIPTION: South Carolina AIDS Drug Assistance Program (SC ADAP) Pharmacy Services

USING GOVERNMENTAL UNIT: South Carolina Department of Health and Environmental Control

The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:

DHEC – Division of Procurement Services
Bureau of Business Management
2600 Bull Street
Columbia, S.C. 29201

PHYSICAL ADDRESS:

DHEC – Division of Procurement Services
Bureau of Business Management
2600 Bull Street, Room 120 – Aycock Bldg.
Columbia, S.C. 29201

SUBMIT OFFER BY (Opening Date/Time): **May 12, 2011 2:30 pm** (See "Deadline For Submission Of Offer" provision)

QUESTION MUST BE RECEIVED BY: **April 22, 2011 5:00 p.m.** (See "Questions From Offerors" Provision)

NUMBER OF COPIES TO BE SUBMITTED: **One (1) original in hard copy, one (1) electronic copy (See Magnetic Media –REQUIRED FORMAT –Section II B), four (4) copies clear marked "COPY", one(1) redacted copy in hard copy and one (1) redacted electronic copy (see SUBMITTING CONFIDENTIAL INFORMATION – Sect. II A and SUBMITTING REDACTED OFFERS – SECTION 4.)**

CONFERENCE TYPE: **Not Applicable**
DATE & TIME:

LOCATION: **Not Applicable**

(As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)

AWARD &
AMENDMENTS

Award will be posted on **June 14, 2011**. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <http://www.scdhec.gov/procurement>

You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of **sixty (60)** calendar days after the Opening Date.
(See "Signing Your Offer" and "Electronic Signature" provisions.)

NAME OF OFFEROR

(full legal name of business submitting the offer)

Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

AUTHORIZED SIGNATURE

(Person must be authorized to submit binding offer to contract on behalf of Offeror.)

TAXPAYER IDENTIFICATION NO.

(See "Taxpayer Identification Number" provision)

TITLE

(business title of person signing above)

STATE VENDOR NO.

(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)

PRINTED NAME

(printed name of person signing above)

DATE SIGNED

STATE OF INCORPORATION

(If you are a corporation, identify the state of incorporation.)

OFFEROR'S TYPE OF ENTITY: (Check one)

(See "Signing Your Offer" provision.)

☐ Sole Proprietorship

☐ Partnership

☐ Other _____

☐ Corporate entity (not tax-exempt)

☐ Corporation (tax-exempt)

☐ Government entity (federal, state, or local)

PAGE TWO**(Return Page Two with Your Offer)**

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)		
			Area Code -
	Number - Extension	Facsimile	
			E-mail Address

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)		
	<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one) <input type="checkbox"/> Order Address same as Notice Address (check only one)		

ACKNOWLEDGMENT OF AMENDMENTS

Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)

Description: South Carolina AIDS Drug Assistance Program (SC ADAP) Pharmacy Services

Solicitation No.: RFP-5400002396-MAR

AMENDMENTS TO SOLICITATION (DHEC – FEB 2007)

(a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: <http://www.scdhec.gov/procurement> (b) Offerors shall acknowledge receipt of any Amendment to this solicitation (1) by signing and returning the amendment (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

Date of Award Posting: Changed from June 1, 2011 to June 14, 2011

The following prospective offeror questions and agency responses are hereby incorporated into the solicitation.

1. **Question:** May we obtain the RFP in word format?

Response: A word document is available upon request. Please be aware that NO changes can be made to this document, you can ONLY incorporate your response.

2. **Question:** What is the anticipated start date of the contract, July 1?

Response: July 1, 2011 is the estimated start date.

3. **Question:** Pg. 17, Scope of Services, Section 3.1

a. “[contractor] must provide, at no additional cost to DHEC, any additional resources, when deemed necessary by DHEC, throughout the term of this contract, to resolve any challenges that may hinder the Contractor’s ability to satisfactorily fulfill the requirements outlined in this RFP”.

b. May we have a clearer definition of “resources”?

Response: The contractor will be required to provide the appropriate resources necessary to fulfill the electronic, logistical, pharmacy, and other contract requirements mentioned in the RFP. These resources can include, but is not limited to, increasing data exchange and technological capacity, permanently resolving errors with pharmacy systems (prescribing issues), additional cost to address staffing shortages or any other additional costs, and/or resources needed to completely fulfill the contract requirements. All additional expenses incurred will be solely at the Contractor’s expense.

4. **Question:** Pg. 29, Scope of Services, Section 3.5 Operational Performance Standards and Guarantees:

a. Would DHEC consider approving [REDACTED] to submit its standard ADAP performance guarantees as part of the RFP response?

Response: Yes, DHEC will consider additional ADAP performance guarantees (refer to Section 3.4). DHEC will also require the contractor to meet or exceed the performance guarantees (Operational Performance Standards and Guarantees) in Section 3.5 of the RFP.